

TOTAL CENSUS:



BOARDING HOME RESIDENT SAMPLE SELECTION

Services Adn	g & Disability ninistration														Ι.	TOTAL GENEGO.												
BOARDING HOME NAME:							LICENSE NUMBER: INS													INSPECTION DATE:								
Inspection Typ			Inspection Type:] Initial		☐ Full			Follow up					Monitoring				Complaint: #									
Resident Room	Resident Identifier No.	Resident Name		Nursing Services	Medication: Ind. (I), Assist, (A) Adm. (Ad)	Mobility/Falls/Amputation	Behavior/Psycho Social Issues	Dementia/Alzheimer's	Exit Seeking/Wandering	Cognitive Impairments	DDD/Mental Health	Language/Communication Issue	Vision Deficit/Blind	Diabetic: Insulin/Non-Insulin	Assist with ADL's	Wounds/Skin Issue	Incontinent/Appliance (catheter)	Special Dietary Needs	Weight Loss/Weight Gain	Dialysis Dialysis	Pay Status: Private = P State = S	Recent Hospitalization	Oxygen/Respiratory Therapy	Home Health/Hospice	Other			

Sample selection: The final sample is determined in the team meeting. Information gathered through observation, interview and review of the resident characteristic roster is incorporated in the selection of the residents. If possible include residents representing the categories identified above in the matrix as are applicable to the facility population. Calculate the sample size as follows: A facility with a census of 3 - 15 = sample of 4 or more; a facility with a census of 16 - 30 = sample of 5 or more; a facility with a census of 31 - 60 = a sample of 6 or more; and any facility with a census of more than 60 = a sample of 10% or more of the census. Closed record review residents and/or supplemental residents selected are not considered as part of the sample size.